## **STATEMENT OF**

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Office use only
COME BACK	POLITICAL ACTION COMMITTEE	<u> </u>		
ADDRESS (number and s	PO Box 2485			
(Check if address is changed)				
	Springfield		LYA] L	22152   0485
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	mail address)		
(Check if address is changed)	comebackpac@con	centricoffice.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00400457		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, correc	t and complete	
T	Traceurer Robert F Carlin			
Type or Print Name of	reasurer			
Signature of Treasurer	Electronically Filed by Robert F	Carlin	Date 0 3	D 27 Y 2009
NOTE: Submission of fal	se, erroneous, or incomplete information ma	y subject the person signing this S	•	es of 2 U.S.C. S437g.
Office Use Only		For further informatic Federal Election Communication Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)